

FOREIGN  
LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

AMENDED APPLICATION FOR  
AUTHORITY TO DO BUSINESS

\_\_\_\_\_  
Deputy Secretary of State

A True Copy When Attested By Signature

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Liability Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §855](#), the undersigned limited liability partnership executes and delivers the following Amended Application for Authority to do Business:

**FIRST:** The name of the limited liability partnership in its jurisdiction of organization has been changed to (If no change, so indicate.)

\_\_\_\_\_.

**SECOND:** If the real limited liability partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

\_\_\_\_\_.

☐ Form [MLLP-5](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §803-A](#).

**THIRD:** The nature of the business or purposes to be conducted or promoted in the State of Maine is (If no change, so indicate.)

\_\_\_\_\_.

**FOURTH:** The **new** address of the registered or principal office, wherever located, is: (If no change, so indicate.)

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FIFTH:** The name and or the business, residence or mailing address of the contact partner has been changed to: (If no change, so indicate.)

**Name**

**Address**

\_\_\_\_\_

\_\_\_\_\_

**SIXTH:** Other amendments to the application, if any, are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

**DATED** \_\_\_\_\_

**Partner(s)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**For Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" ([31 MRSA §803-A](#)). If the addition of these words is the **only** difference from the limited liability partnership's real name in its jurisdiction of organization, no further action is required.

\*Certificate **MUST** be signed by

(1) at least one **partner OR**

(2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**